

Name In Full

Certificate of Death

Isaac Anderson
Near Salisbury, Wicomico

Near		Town	County					MARYLAND
Died			Y.	M.	D.	Native of	Occupation	
Date 1908	Month Oct	Day 21	Age 45-10-	7th		Salisbury	Farmer	
Male	White	Married	Widow	Bachelor				
Black	Colored	Single	Widower			Number of children living	4	

Husband of Ella Mitchell Anderson
~~Black~~ Father's Name Isaac Anderson Mother's Name Watson
~~Black~~ Maiden Name

Cause of Death	Primary: Nephritis	How long sick: 20 days
	Immediate: Heart Failure	Accident, Suicide, Homicide

Reported by

F.M. Stevens M.D.

Address

Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ida Beele Bradford

Died at	Town Salisbury	County Theonoco Co	MARYLAND
Date 1903	Month Nov.	Day 15	Y. M. D.
			Native of Theonoco
			Occupation Housework
Male	White	Married	Widow
Female	Colored	Single	Widower
Husband of	John Bradford		
Wife			
Father's Name	A. P. Malone	Mother's Maiden Name	Elizabeth Carey
Cause of Death	Primary Cystitis	23	How long sick 2 week.
	Immediate Sepsis of Exhaustion		Accident, Suicide, Homicide
Reported by	Rev. W. Todd		
Address	Salisbury Md		

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Siavencia Davis

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Allen	County	Wicomico	MARYLAND
Date of death	Month	Nov.	Day	28	Years 35 Months Days
Sex	Female	Color or Race	Negro	Birth-place	Wicomico Co., Md.
Occupation	House work	Where Residing if not at place of death	Arthur Kainza		
Married, Single or Widowed	Widow	Name of Wife or Husband	Azariah Davis		
Father's Name	Arthur King	Father's Birthplace	Allen Md.		
Mother's Maiden Name	Seah Jane Whitney	Mother's Birthplace	Allen Md.		
Name of person giving information	Charles Bounds	How related to deceased	Neighbor		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Supposed to be consumption

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Rev. C. Hill

Address

Undertaker

Salisbury Md.

Accident or Suicide?

Dr. J. J. Long of Allen had
attended her. I had no way of
getting certificate from him before
her burial, as they come for the coffin
and buried her themselves

Geo. C. Hill
Undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant no name

MARYLAND

Died at <u>New Salisbury on Spring Hill</u>		Town <u>Ave.</u>	County <u>Wicomico</u>		
Date of death <u>1903</u>	Month <u>Nov</u>	Day <u>12</u>	Years	Months	Days
Sex <u>Black</u>	Color or Race			Birth-place <u>Md</u>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Harry Handy</u>				Father's Birthplace <u>Md</u>	
Mother's Maiden Name <u>Mary W West</u>				Mother's Birthplace <u>Md</u>	
Name of person giving Information <u>Harry Handy</u>				How related to deceased <u>Father</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary still born How longImmediate How long

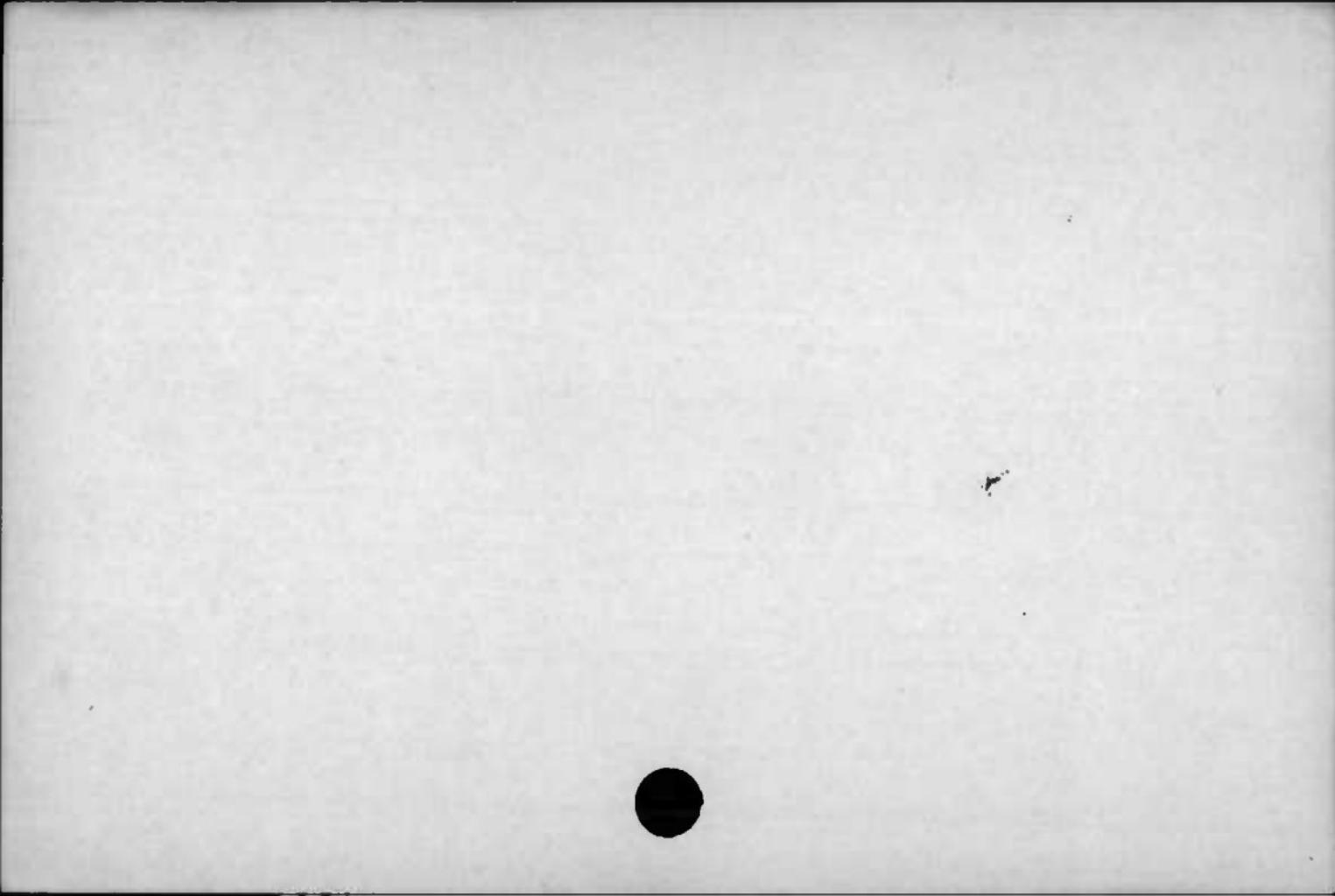
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

F. M. Stevens M.D.Dalisbury,
Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Mary O'Handyroad
Died at ^{Town} near Salisbury Spring Hill ^{County} Wisconsin

MARYLAND

Date of death 1903	Month Nov	Day 12	Years Age 40	Months 4	Days
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Sex Female	Color or Race Black	Birth-place Md
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Occupation House work	Where Residing if not at place of death
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Married, Single or Widowed married	Name of Wife or Husband Harry Handy
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Father's Name Henry West	Father's Birthplace Md
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Mother's Maiden Name Don't know	Mother's Birthplace
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Name of person giving information Harry Handy 35	How related to deceased Husband
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CAUSES OF DEATH

Primary Post-Partum Hemorrhage	How long 2 or 3 hours
Immediate Heart Failure	How long

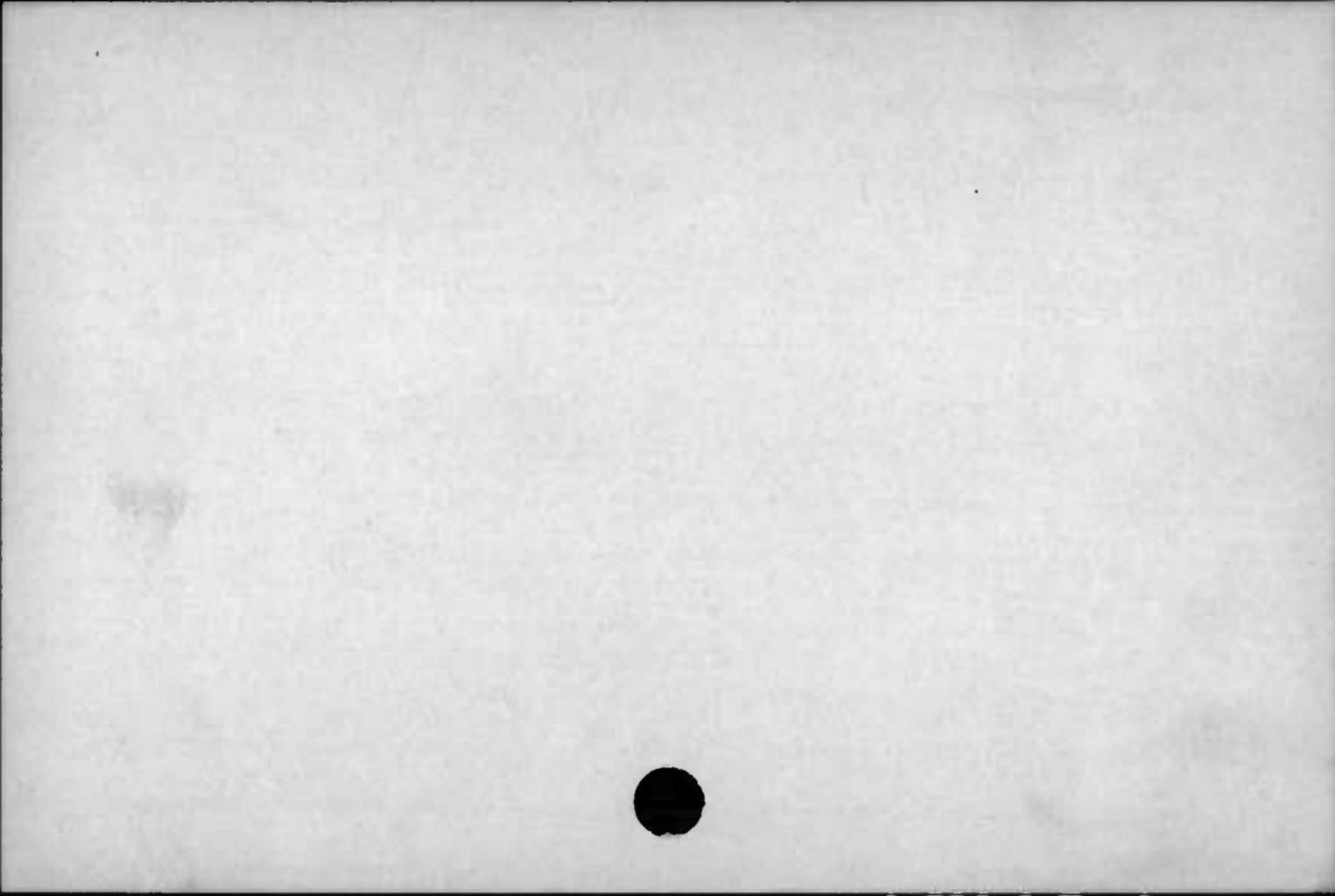
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

F. M. Stevens M.D.
Salisbury Md.

Accident or Suicide?



Name
in
Full

William E Holland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u>		Town	County <u>Wicomico</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>Nov</u>	Day <u>28</u>	Age <u>1</u>	Years	Months <u>10</u>	Days <u>13</u>
Sex <u>male</u>	Color or Race <u>Black</u>				Birth-place <u>Md</u>	
Occupation			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband				
Father's Name	<u>John E Holland</u>			Father's Birthplace	<u>Mel</u>	
Mother's Maiden Name	<u>Stella Johnson</u>			Mother's Birthplace	<u>Mel</u>	
Name of person giving information	<u>Stella Holland</u>			How related to deceased	<u>widow</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>8 days</u>
Immediate <u>Exhaustion</u>	How long <u>while</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<u>Yes</u>	Address
Accident or Suicide?	<u>D.W. Edwards</u> <u>Salisbury Md</u>



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Hannah Price
Town

CERTIFICATE OF DEATH

MARYLAND

Died at	Salisbury		County	Wicomico	
Date of death	1903	Month Nov	Day 6	Years 50	Months
Sex	Female		Color or Race	Black	
Occupation	Housewife				
Married, Single or Widowed		Name of Wife or Husband		Where Residing if not at place of death	
Father's Name	Don't Know				Father's Birthplace
Mother's Maiden Name	Don't Know				Mother's Birthplace
Name of person giving Information	Minta Stevens		64		How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hemiplegia and Bright Disease Several Months

How long

Immediate

Hemiplegia

How long

several days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

F. M. Stevens

Salisbury
Md.

Accident or Suicide?



Name
in
Full

Robert P. Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace				
Father's Name	Mother's Birthplace					
Mother's Maiden Name						
Name of person giving information	How related to deceased					

Married Girline Jones
Janus Jones
Nancy Burdick
Frank Booth

Neplken

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long
Immediate	Inanition	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

F. M. Stevens, M.D.
Salisbury
Md

Accident or Suicide?



Name
in
Full

Amanda E. Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Birth-place	Maryland	
Occupation	Housework			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of wife or Husband	Stanbury	Parker	Father's Birthplace	Md
Father's Name	John Phipps			Mother's Birthplace		
Mother's Maiden Name	Miranda Truitt			How related to deceased		
Name of person giving information	William J. Phipps			Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Suffusion

How long

Several Years

Immediate

Exhaustion

How long

Gov. W. Todd
Salisbury Md

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

George A Penninell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Mary J Penninell			
Father's Name	Harry Penninell			Father's Birthplace	Md
Mother's Maiden Name	Mary E Prior			Mother's Birthplace	Md
Name of person giving information	Mary J Penninell			How related to deceased	wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary tuberculosis -	How long	about 1 year
Immediate	Exhausting pneumonia	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. W. Pennington
I know.		Address	Salisbury, Md.
Accident or Suicide?		No	



Name
In
Full

Jackson H. Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Sharps Point	Wicomico			
Date of death	Month	Day	Years	Months	Days
1903	Nov.	13	20		
Sex	Male	Color or Race	white	Birth-place	Michigan
Occupation			Where Residing if not at place of death	at home	
Married, Single or Widowed	Name or Wife or Husband		Anne E. Smith		
Father's Name			Father's Birthplace	~~~~~	
Mother's Maiden Name			Mother's Birthplace	~~~~~	
Name of person giving information	Harry J. Todd		How related to deceased	Neighbor	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	
Immediate	or paralysis and have not seen man for 1 month	
Are the name, age, sex, color, date and place correctly given above?	So far so known	
	Signature of Physician	Address
Accident or Suicide?	D. S. Smith Salisbury, Md	



Name
in
Full

John Teagle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	William H Teagle	John	Ora
Mother's Maiden Name	Sarah Jenkins		Md
Name of person giving Information	William H Teagle		Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Gastro-Eнтерitis

How long 2 or 3 months

Immediate Inanition

How long 1 month

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

F. B. Glemons M.D.
Salisbury Md

Accident or Suicide?



George B. Waller

Died at	Town	White Haven	County	Wicomico	MARYLAND	
Date 1903	Month	11	Day	20	Native of Md.	
	Age	62	Y. M. D.		Occupation	
	Mate	White	Married	Widow		
	Female	Colored	Singler	Widower	Divorced	
					Number of children living 2	
Husband	Loris A. Waller					
Wife						
Father's Name	Washington Waller		Mother's Maiden Name	Mary A. White		
Cause of Death	Primary	Paralysis	60	How long sick 2 days		
	Immediate			Accident, Suicide, Homicide		

Reported by G.W. Jones

Address Court #2 Potomac, Inc.

Dab-Dashiel's Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

